

**MEMORANDUM OF UNDERSTANDING
BETWEEN
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS (ADP)
AND
DEPARTMENT OF MENTAL HEALTH (DMH)**

I. Purpose

This Memorandum of Understanding (MOU) is entered into by and between the California Department of Alcohol and Drug Programs (ADP), hereinafter referred to as ADP, and the California Department of Mental Health, hereinafter referred to as DMH, to define the relationship between ADP and DMH as it relates to implementation of the Mental Health Services Act, hereinafter referred to as MHSA. Implementation of the MHSA is guided by a Vision Statement and Guiding Principles¹, which DMH developed in partnership with Stakeholders. This general agreement is intended to lead to specific working agreements between subunits of the organizations.

II. Background

ADP and DMH have collaborated on multiple projects since 1990 including a Memorandum of Understanding entered into in August 1996 to collaborate in the development of coordinated services for adults diagnosed with serious mental illnesses who also have alcohol and other drug (AOD) disorders, organizing the Dual Diagnosis Task Force in May 1995 and initiating the Co-Occurring Disorders (COD) Workgroup in 2003. Both departments also recently participated in the national COD Policy Academy and are working together to develop and implement a COD state-level action plan. As a result of these ongoing collaborative efforts, ADP is well positioned to assist counties and providers to effectively serve populations with co-occurring mental health and AOD disorders as envisioned by the MHSA. Such programs are difficult to implement at the local level because mental health and AOD service systems have diverse federal and state funding streams and are governed by different laws. ADP can play an integral role in ensuring that local stakeholders develop appropriate service delivery systems. ADP will provide technical assistance, workforce development, and cross-training as necessary, to enhance county and provider service delivery systems.

ADP received MHSA funding for two, three-year limited term Associate Governmental Program Analyst (AGPA) positions. These positions will help to provide coordination and technical support in the implementation of proven and effective mental health and AOD prevention and treatment services.

¹ The Vision Statement and Guiding Principles document is available for review on the MHSA web page at: http://www.dmh.ca.gov/MHSA/docs/Vision_and_Guiding_Principles_2-16-05.pdf

III. Statement of Work

- A. One AGPA will focus on Prevention issues and the other on Treatment issues. Their duties will include, but are not limited to:

For FY 2005-06:

- Establish collaborative mental health and AOD services within ADP to facilitate the development and implementation of innovative programs to shared populations.
- Blend and integrate ADP's and DMH's prevention strategies within innovative programs.
- Develop MHSA policies and procedures.
- Collaborate with constituent groups, relevant associations and councils, and governmental entities at all levels.
- Participate in the stakeholder process for appropriate components of the MHSA and any related Advisory Groups.

For FY 2006-07:

- Provide continued technical assistance to counties in their "ramp-up" implementation stage.
- Work with counties to implement mental health and AOD prevention strategies
- Give guidance to counties and providers on the best way to provide outreach services.
- Analyze, develop, and maintain program and county plans.
- Train and provide technical assistance to county staff in evidence-based practices.
- Work with counties and providers to evaluate the feasibility of developing and implementing automated screening tools and client tracking systems.

For FY 2007-08:

- Continue providing technical assistance, workforce development, cross-training and program compliance.
- Revise technical assistance and training policies where appropriate.
- Support counties and providers in their outreach efforts.
- Support counties and providers in their efforts to coordinate mental health and AOD services.
- Provide ongoing cross-training in evidence-based practices to county staff and mental health and AOD prevention and treatment providers.
- Develop and implement automated screening tools and client tracking systems.

B. Budget Detail
(For Information Only)

(Dollars in thousands)

	PERSONNEL YEARS			CURRENT YEAR (2004-05)	BUDGET YEAR (2005-06)
	CURRENT YEAR (2004-05)	BUDGET YEAR (2005-06)			
TOTAL SALARIES AND WAGES		2.0		0	109
Salary Savings		-0.1		0	-5
NET TOTAL SALARIES AND WAGES		1.9		0	104
Staff Benefits				0	42
TOTAL PERSONAL SERVICES		1.9		0	146
OPERATING EXPENSES AND EQUIPMENT					
General Expense					9
Printing					
Communications					2
Postage					
Travel In-State					5
Travel Out-of-State					
Training					1
Facilities Operations					10
Utilities					
Consulting & Professional Services: Intradepartmental					
Consulting & Professional Services: External					
Consolidated Data Centers:					
Health and Human Services Data Center					
Stephen P. Teale Data Center					
Data Processing					
Equipment					
Debt Service					
Other Items of Expense: Indirect Costs					75
TOTAL OPERATING EXPENSES AND EQUIPMENT				0	102
Special Items of Expense				0	0
TOTAL STATE OPERATIONS EXPENDITURES				0	248
SOURCE OF FUNDS	ORG	REF	FUND	CURRENT YEAR	BUDGET YEAR
Reimbursements	4200	001	0995		248

- C. ADP will designate a representative to act in a liaison capacity throughout the term of this MOU. The program contact shall be:

Joan Hirose
Program Services Division
California Department of Alcohol and Drug Programs
1700 K Street
Sacramento, CA 95814
jharrison@adp.state.ca.us
(916) 323-1846

- D. DMH will designate a representative to act in a liaison capacity throughout the term of this MOU. The program contact shall be:

Ron Bettencourt
Adult and Older Adult Program Policy
California Department of Mental Health
1600 9th Street
Sacramento, CA 95814
Ron.Bettencourt@dmh.ca.gov
(916) 654-4432

- E. By March 31, 2006, the program contacts will decide upon appropriate program benchmarks to report on ADP's progress. Quarterly progress reports are due to the DMH program contact within 30 days after the close of the quarter (i.e., January - March report is due April 30). Progress reports should narrate the progress that has been made, or indicate completion, of the program benchmarks and show expenditures to date by fiscal year. Expenditure reports should follow the same format shown in Section B: Budget Detail.

IV. TERM

The term of this MOU is July 1, 2005, to June 30, 2008.

V. GENERAL PROVISIONS

- A. This MOU may be amended at any time by written mutual consent of all parties.
- B. It is mutually agreed that if the funding for the current year and/or any subsequent years as identified in the Budget Act is reduced or discontinued for purposes of this program, DMH and ADP will have the option to either cancel this Agreement or offer an agreement amendment to reflect the reduced amount.

C. The use of MHSA funds documented in this Agreement shall be subject to the provisions set forth in Welfare and Institutions Code 5891 regarding non-supplantation.

D. This MOU is not effective until signed by both parties.

KATHRYN P. JETT
Director
Department of Alcohol and Drug
Programs

STEPHEN MAYBERG
Director
Department of Mental Health

Date

Date

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revised 2-2-06.doc